



**DEPARTMENT OF THE AIR FORCE
10TH MEDICAL GROUP
UNITED STATES AIR FORCE ACADEMY COLORADO**

CLIENT INFORMATION SHEET

Welcome to the 10th Medical Group Life Skills Center

Credentialed mental health care professionals of the Life Skills Center provide the following services: self-referred and commander directed mental health evaluations; individual and group psychotherapy; limited marital therapy, limited child, adolescent and family therapy; psychological testing; psychoeducational groups (e.g., stress management); and medication management.

Informed consent to treatment: You have a right to be informed of and receive information about your care, to include potential risks and benefits of medications, the methods and techniques of therapy, and the anticipated duration of treatment. You are also entitled to consent to treatment, as well as to seek a second opinion or terminate therapy at any time.

As therapists, we are dedicated to helping you achieve the outcome you desire. We also believe that you have a right to know sooner rather than later whether or not we are likely to be helpful to you. For these reasons, we have found it important to monitor our progress from session to session using paper-and-pencil questionnaires. Your ongoing feedback will tell us if we are on track, need to change something about the treatment, or refer you elsewhere.

Privacy and confidentiality are important issues to the staff of the Life Skills Center. Protecting and respecting your privacy is a goal of every member of the staff. However, there are limits to your privacy and it is important that you fully understand these limits. Please read this document carefully and ask your provider any questions you might have regarding these limitations.

Entries in your outpatient medical record will be kept to a minimum in an attempt to maintain your privacy, and will attempt to balance your reasonable expectations of privacy against a possible need for information during future care by other medical providers. The only detailed records of your treatment will be kept in the Life Skills Center under lock and key.

APPOINTMENTS SHOULD BE TREATED IN A PROFESSIONAL MANNER! PLEASE CALL THE LIFE SKILLS CENTER AT 333-5177 IF YOU ARE UNABLE TO MAKE A SCHEDULED APPOINTMENT. FOR ACTIVE DUTY MEMBERS, A TREND OF NO SHOWS MAY BE REPORTED TO YOUR COMMANDER. FOR OTHER BENEFICIARIES, A TREND OF NO SHOWS MAY RESULT IN DISCONTINUED CARE FOR YOU IN THIS CLINIC AND REFERRAL THROUGH TRICARE.

***Limited Privilege Suicide Prevention (LPSP):** The objective of this program is to identify and treat Air Force active duty members, who because of the stress of impending disciplinary action under the UCMJ, pose a genuine risk of suicide. Thus, if you're entered into the LPSP program by your treating Life Skills provider, you are granted limited protection with regard to information revealed in, or generated by your clinical relationship. Please see your treating provider for more details.

STEVEN B. TAYLOR, Maj, USAF, MC
Life Skills Center Flight Commander

LIMITS OF CONFIDENTIALITY FOR ACTIVE DUTY MEMBERS

Information disclosed during an evaluation or therapy session is usually confidential and will not ordinarily be revealed to anyone outside the clinic without your written permission. However, on rare occasions we are required by federal law (in accordance with AFI 44-109), Colorado state law, and/or professional ethics to break confidentiality, in a limited manner, in order to ensure the safety and welfare of you and/or others, and to protect the national security of the United States. In the rare event that we are required to report your behavioral health information to someone, you will be fully informed about all statements we make concerning your care. Listed below are conditions where we are, or may be required to break confidentiality.

Please initial by each statement as evidence that you have read and understood. If you have any questions, please discuss them with your provider before initialing.

- _____ 1. Information leading us to suspect you may be a danger to yourself or others.
- _____ 2. Any information leading us to suspect a child or elder has been or is at risk for abuse and/or neglect.
- _____ 3. Information indicating you are not fit for duty, danger to the military mission, or are a threat to the national security of the United States.
- _____ 4. Information leading us to suspect an **active duty member** is involved in acts of family violence..
- _____ 5. Information leading us to suspect an **active duty member (including USAFA/Prep School cadets)** has a drug or alcohol problem.
- _____ 6. Information indicating you are at risk of damaging/destroying government property.
- _____ 7. Any threats to commit a future crime or fraud.
- _____ 8. If a complaint regarding your care is filed with the Inspector General, member of Congress, ethics committee, or other investigating agency (such as a state medical board, state professional licensing agency, etc.).
- _____ 9. If you are undergoing a legal proceeding and your being seen in this clinic is offered as part of your defense.
- _____ 10. If you are being investigated for a crime and a requesting investigator can show good cause that acquiring specific information regarding your mental health care is relevant to their investigation.
- _____ 11. If you, as an **active duty member (including USAFA cadets/Prep School students)** is admitted or discharged from the hospital (medical, psychiatric or both), either your squadron commander/AOC or first sergeant /MTL will be notified.
- _____ 12. If you, as an **active duty member (including USAFA cadets)**, admit to violations of the Uniform Code of Military Justice (UCMJ).
- _____ 13. If it is determined that you have a psychiatric diagnosis requiring reporting to the Special Needs Identification and Assignment Coordination process (SNIP, formerly the Exceptional Family Member Program/EFMP)
- _____ 14. When the service member PCS's to a new military base while in treatment at the Life Skills Center and/or the service member continues to present concerns for negative mission impact, a summary of treatment is forwarded to the Life Skills Center provider at the gaining base prior to the service members PCS.

Please initial the statement best describing your coming to this Life Skills Center today:

- _____ I am coming to Life Skills Center of my own free will.
- _____ I have been ordered to come to Life Skills Center

I HAVE READ THIS PAGE AND THE PRECEDING PAGE, AND UNDERSTAND THE INFORMATION PROVIDED.

PATIENT'S SIGNATURE _____ Date _____